

**New York City Department of Small Business Services (SBS)**  
**Polystyrene Foam Hardship Waiver Application**

**INSTRUCTIONS:**

- **Application does not guarantee approval of waiver.**
- To expedite the processing of this application, please answer each question. If a question is not applicable to your business, please respond with "N/A".
- SBS will provide you with an acknowledgement letter of pending application when a complete application has been submitted.

**PART 1. APPLICANT INFORMATION (all fields are required)**

<i>Name of Business Applying for Waiver</i>	<i>9-digit Employer Identification Number (EIN)</i>
<i>Business Location Address</i>	
<i>Name of Primary Business Owner (First, Middle, Last)</i>	
<i>Primary Contact Person at Establishment (If different from primary business owner)</i>	
<i>Telephone</i>	<i>Email</i>
<i>Mailing Address (line 1)- If different from business location address</i>	
<i>Mailing Address (line 2) If different from business location address</i>	

1. Does the company do business under any other name(s)?:  Yes  No  
If yes, please list all company names: \_\_\_\_\_
  
2. Please describe nature of business activity at **premises**:
  - Mobile Food Commissary
  - Food Service Establishment
  - Store
  - Nonprofit Corporation
  - Other: \_\_\_\_\_

**PART 2. SINGLE-SERVICE ITEMS USED BY YOUR BUSINESS**

1. Please identify all expanded polystyrene foam products that you want to continue using after January 1, 2016 in columns A-C. Then, list comparable alternate products you would otherwise use as a replacement in columns D-F. Please list only one item per line. If you have more than five items please attach any additional pages you may need.

A. Current Product Type	B. Standard Size	C. Price per Unit	D. Alternate Product Type	E. Standard Size	F. Price Per Unit

**PART 3. FINANCIAL HARDSHIP TO NONPROFIT, BUSINESS OR CORPORATION**

I am applying as a business, filing a tax return with the IRS:

- Enter the amount of your **gross income** from your most recent IRS tax return: \_\_\_\_\_ from Tax Year: \_\_\_\_\_. Please attach a copy of your filed return.

I am applying as a not-for-profit establishment, filing a Federal 990 with the IRS:

- Please attach a copy of IRS form 990.

*\*Attachments may be mailed, hand delivered, or emailed. Please see instruction page for details.*

**Please indicate and explain how using alternative products will cause you undue financial hardship. Please be specific. Increased costs, alone, will not result in granting of a waiver.**

Increased costs are expected to result in **at least a 5%** increase of business operating costs.

Increased costs are expected to result in reduction of **at least 5%** in operating profits.

Increased costs are expected to result in the layoff/termination of at least **ONE** employee.

**APPLICATION CERTIFICATION**

I, the undersigned, hereby certify that the information contained herein and the attachments hereto, are to the best of my knowledge and belief, accurate and descriptive of the business requesting a waiver. I understand that my intentional misstatements or misleading information contained herein could be cause for rejection of this application or revocation of a waiver.

I understand that the New York City Department of Small Business Services is required to share this information with the New York City Department of Sanitation and agree that the City may in its discretion disclose any information with respect to the Applicant as may be required or appropriate in any respect.

**Application does not guarantee approval of a waiver.**

By:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name and Title:

\_\_\_\_\_  
Date:

INTERNAL NOTES (OFFICE USE ONLY)